



State of Montana
DEPARTMENT OF CORRECTIONS
REQUEST FOR IWF FUNDING

IWF Request # _____

Request _____

Facility _____

Sponsor _____ Date _____

Request Description _____

Amount Requested \$ _____ Annual \$ _____

Monthly \$ _____

One Time \$ _____

Total \$ _____

Approved _____ Denied _____

*All requests for IWF funds from facility staff must be forwarded to a Department budget analyst prior to submitting to the facility administrator.

Facility Administrator _____ Date _____

Budget Analyst _____ Date _____

Reviewed by Inmate Representative _____ Date _____

*Please indicate compliance with each item by checking the appropriate box and providing an explanation of the manner in which each requirement has been fulfilled.

The facility administrator has consulted with the facility's inmates and has a record of their approval or disapproval. If the facility's inmates have disapproved the proposal, the facility administrator has a compelling reason to override the inmates' disapproval. Please explain:

The facility administrator's proposal meets the needs of the facility's inmates or the inmates and their families. Please explain:

The facility administrator has a written justification for the proposal that demonstrates that the Department or facility is not obligated to provide the proposed services, supplies, or equipment. Please explain (or include an attached copy of written justification):
